

0000144843 5/21/12

State of New Mexico  
Voucher Batch Report  
BusinessUnit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD  
AsOfDate 05/15/2012  
Voucher Vchr VchrLineDescr Diser Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
Number Line Line# Description Year Month Withhold


00294650	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2012	05	000008229	Adams, R. 5.8-5.	435.00
Total For Voucher												435.00

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500  
 Voucher ID: 00294650  
 Voucher Style: Regular

Invoice Number: Adams, R. 5.8-5.11.12  
 Invoice Date: 05/11/2012  
 Total: 435.00

Vendor: ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 RUIDOSO, NM 88345

\*Pay Terms: Pay Now  **Schedule Payments**

**Payment Information**

Scheduled Payment: 1

\*Remit to: 0000097303 

Location: 001 

\*Address: 1 

ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 103 KANSAS CITY RD  
 RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD ☐ Discount Denied


Late Charge

Scheduled Due: 05/11/2012 

Net Due: 05/11/2012

Discount Due:

Accounting Date:

Find | View All First  1 of 1 Last 

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH ACH	*Netting:	N 
Message: 			

Message will appear on remittance advice.

## Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 5.8-5.11.12

Voucher ID: 00294650

Invoice Date: 05/11/2012

Voucher Style: Regular

Total: 435.00

## Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

## Accounting Instructions

\*Accounting Template: STANDARD

Account At: Gross

## Match Action

\*Status:

Ready

☐ Pay Unmatched Voucher

## Transaction Currency

\*Source:

Tables

\*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

## Voucher Approval

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

## Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

## Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

## Letter of Credit

Letter of Credit ID:

☐

## Tax Group

AGENCY New Mexico Department of Health  
NAME

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE 2  
DATE 5/8/12  
AGENCY CODE 66500  
VOUCHER NUMBER 00294650

NAME	Richard Adams	CAR LICENSE NUMBER	1984 SG	POST OF DUTY	Ruidoso	PROPOSED (ADVANCE VOUCHER)	<input type="checkbox"/>
SOCIAL SECURITY NUMBER	97303	MODEL	Nissan	RESIDENCE	Ruidoso	ACTUAL (RECOUPMENT VOUCHER)	<input checked="" type="checkbox"/>
NORMAL WORK DAY	8am	TO	5pm	YEAR	2011		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES  ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS					AMOUNTS	
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS	
5/8/12	7:00am		Depart Ruidoso to Santa Fe to meet with Secretary and OFM staff. prior to Governing Board meeting Overnight Santa Fe rates apply* Overnight Santa Fe rates apply* Overnight Santa Fe rates apply* Depart Santa Fe to Ruidoso partial day per diem-12 hrs				135.00		135.00	
5/9/12							135.00		135.00	
5/10/12							135.00		135.00	
5/11/12		7:00pm					30.00		30.00	
PER DIEM IS BASED ON (CHECK ONE)										
ACTUAL <input type="checkbox"/>										
APPROVED RATES <input checked="" type="checkbox"/>										
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				Employee Signature		Date				
TOTALS							435.00		435.00	
Advance Amount @ 80%										
Adjusted Reimbursement										

☒ Check here if this claim is in compliance with the NonroutineReassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act.

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LAST MODIFIED ON: 05/11/2012 08:30

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REAFFRANCE

(4) ORIGINATOR COPY

I, Richard Adams  
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the  
DFA Regulations Governing the PerDiem and Mileage Act.  
PAYEE SIGN HERE X Richard Adams 05/08/12

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO, OFM
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: 1984-GS	
	Year: 2011	Make: Nissan	Model: Altima			

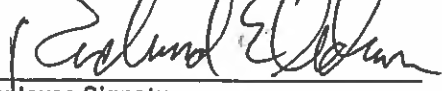
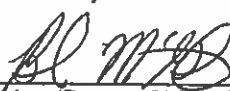
<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meetings in Santa Fe and Las Vegas for Governing Boards					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request: 05/01/12		Destination: Santa Fe and Las Vegas			
	Departure Date: (month/day/yr) 05/08/12		Time: 07:00 AM		Return Date: (month/day/yr) 5/11/12	
					Time: 07:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 435.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	5/11/12 Date	 Supervisor/Bureau Chief Signature	 Date
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Division Director/Hospital Administrator (As per specific division requirements)	Date	Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date
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